






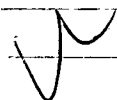


Work Order ID 50932

July 27, 2009 9:53:38 AM

Page 1




Item ID: D3688-1	Accept		Setup	Start	
Revision ID: B				Stop	
Item Name: STUD					
Start Date: 7/27/09	Start Qty: 35.00		Cust Item ID:		
Required Date: 8/07/09	Req'd Qty: 35.00		Customer:		

Reference:

Approvals:	Process Plan: 	Date: _____	Tooling: _____	Date: _____	Run	Start	
	QC: _____	Date: _____	SPC (Y/N): _____	Date: _____		Stop	

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3688	Rev B

100		BAND SAW	0.00						
	Bandsaw	Memo	0.00						
	Jeaspa Bandsaw	***DO NOT USE CHOP SAW***		<input type="checkbox"/> Cut blank 11-673" long					
				<i>Ref 09-08-05</i>					
110		DOOSAN LATHE	0.00						
	Doosan	Memo	0.00						
	Doosan Lathe	1-Turn as per Folio FA718 Rev: <i>A</i> & Dwg D3688 Rev: <i>B</i> 2-Deburr per dwg D3688							
120		QC2- Inspect parts off machine FAI/FAIB	0.00						
	QC	Memo	0.00						
	Quality Control								
				<i>Ref 09-08-05</i>					
				<i>Ref 08-08-05</i>					

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 50932

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Item ID: D3688-1

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Setup Start



Revision ID: B

Item Name: STUD

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Start Date: 7/27/09

Start Qty: 35.00



Cust Item ID:

Required Date: 8/07/09

Req'd Qty: 35.00



Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start



QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop



Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Draw
Number

Draw
Rev.

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

0.00



CONVENTIONAL LATHE

12 09/08/08

12

Lathe Conv

Memo

0.00

Conventional Lathe

Face to finished length as per dwg D3688 AND center drill as per Dwg D3688

140

0.00



QC2- Inspect parts off machine FAI/FAIB

12 09/08/08

12

QC

Memo

0.00

Quality Control

150

0.00



DOOSAN LATHE

12 09/08/08

12

Doosan

Memo

0.00

Doosan Lathe

1- Turn as per Folio FA718 Rev: B & Dwg D3688 Rev: B ☐ 2-Deburr per dwg D3688

W/O:		WORK ORDER CHANGES					
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July 27, 2009 9:53:38 AM



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Approvals:	Process Plan: _____	Date: _____	Tooling: _____	Date: _____	Run	Start	
	QC: _____	Date: _____	SPC (Y/N): _____	Date: _____		Stop	

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 QC Quality Control	QC2- Inspect parts off machine FAI/FAIB Memo	0.00 0.00	<i>09.08.10</i>			<u>12</u>			
170 QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00	<i>09/08/10</i>			<u>12</u>			
180 Purchasing Purchasing	PURCHASING Memo Issue P/O: <u>10194</u> 2 <input type="checkbox"/> Certificate of conformaty is required	0.00 0.00				<u>CX 09/08/11</u>	<u>12</u>		

☐ LPI Per ASTM 1417 LEVEL

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Work Order ID 50932

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Item Name: STUD

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Start Qty: 35.00



Cust Item ID:

Required Date: 8/07/09

Req'd Qty: 35.00



Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Draw
Number

Draw
Rev.

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

Receive & Inspect for Damage & Mat'l Certs

0.00



Packaging

Memo

0.00

Packaging

Ensure certificate of conformity is attached

CL 09/08/11 12

200

QC5- Inspect part completeness to step on W/O

0.00



QC

Memo

0.00

Quality Control

ML 09 08 11 (12)

210

Identify as per dwg & Stock Location: GA

0.00



Packaging

Memo

0.00

Packaging

SB 09/08/12 (12)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 50932

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Item Name: STUD

Start Date: 7/27/09

Start Qty: 35.00



Cust Item ID:

Required Date: 8/07/09

Req'd Qty: 35.00



Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Draw
Number

Draw
Rev.

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

220

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

09.08.13

09.08.13

09/08/12

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

July 27, 2009 9:53:38 AM

Page 1

Work Order ID: 50932



Parent Item: D3688-1RevB



Parent Item Name: STUD

Start Date: 7/27/09

Required Date: 8/07/09

Comments:

Start Qty: 35.00

Required Qty: 35.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
M174PH-H900R1.000		Purchased	No			100	f	64.5000	40.0474			
17-4SS H900 ROUND BAR 1.00												

<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		
Main Warehouse		
MAT	64.5	
110213	3.3	
110750	24.99	
110990	11.87	
111055	24.34	

09.08.10 12'

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: - _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DART AEROSPACE LTD		Work Order:
Description: Stud		Part Number: D3688-1
Inspection Dwg: D3688 Rev: B		Page 1 of 1

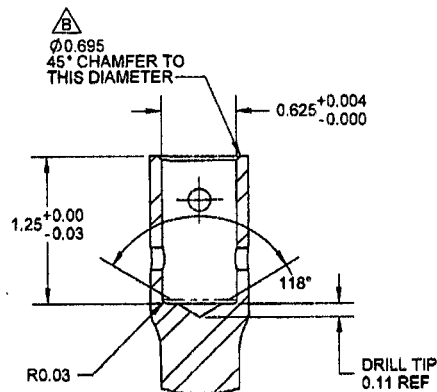
FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

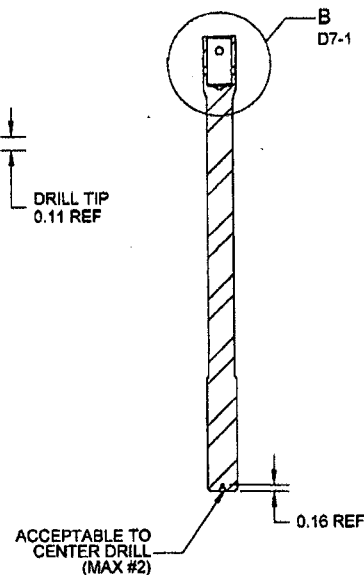
Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø0.695	+/-0.010	.695	—			
0.625	+0.004/-0.000	.626	—			
1.25	+0.000/-0.03	1.242	—			
118°	0.5°	118°	—			
R0.03	+/-0.030	R.030	—			
0.11 Ref	+/-0.030	.105	—			
90°	0.5°	90°	—			
Ø0.189	+0.005/-0.001	Ø.1915	—			
1.31	+/-0.030	1.315	—			
1.65	+/-0.030	1.650	—			
0.870	+0.000/-0.010	.885	—			
Ø0.659	+0.000/-0.015	Ø.652	—			
11.573	+/-0.015	11.522	—			
2.90	+/-0.030	2.900	—			
3/4-16UNF-2A	N/A	3/4-16UNF	—			
0:075 x 45°	+/-0.010 x 0.5°	.072 x 45°	—			
0.370	+0.000/-0.010	.366	—			
Ø0.189	+0.005/-0.001	Ø.1915	—			
R0.25	+/-0.030	R.250	—			
R0.50	+/-0.030	R.500	—			

Measured by: <i>ML</i>	Audited by: <i>SA</i>	Prototype Approval:	N/A
Date: 09/08/09	Date: 09/08/13	Date:	N/A

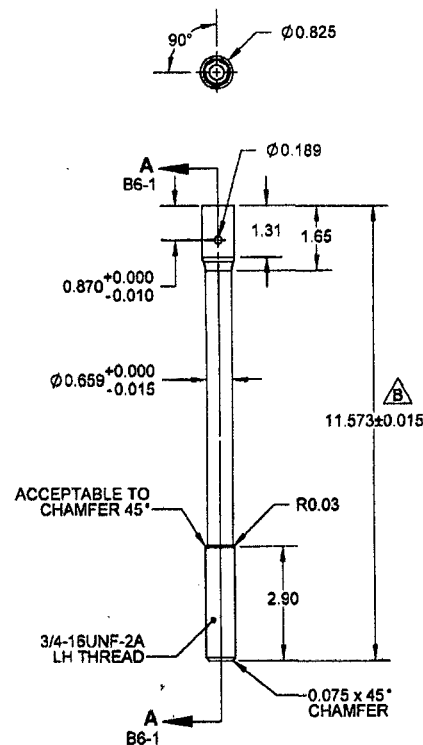
Rev	Date	Change	Revised by	Approved
A	09.05.11	New Issue	KJ <i>[Signature]</i>	<i>[Signature]</i>



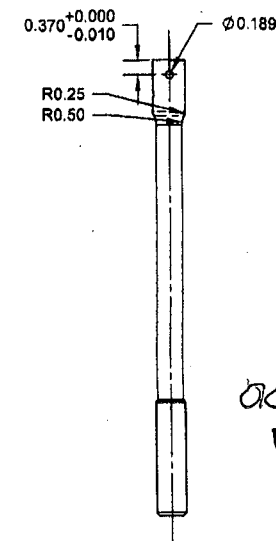
DETAIL B
SCALE 3X
D8-1



SECTION A-A
D4-1



D3688-1 STUD



OR MP 9/10/24
UNDER REVIEW
3/5/10
CHANGE CENTER DRILL
TO #4

RELEASED
08/12/15

- NOTES:**
- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5643 H-900 CONDITION
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: NONE
 - 7) WEIGHT: 1.24 lb
 - 8) LPI PER ASTM 1417 LEVEL 2

WRO 50932

B	CHANGE TO 17-4PH H-900 (ZN A8-1, A8-2, A8-3, A4-4); REDUCE LENGTH ON D3688-1 FROM 12.073 TO 11.573 (ZN C3-1) BASED ON PROTOTYPE INSTALL; Ø0.695 WAS Ø0.659 (ZN D8-1, D8-2, D8-3); Ø0.508 WAS Ø0.478 (ZN D8- 4); REFORMATTED TO CURRENT DWG STANDARDS	RF	08.11.24
A	NEW ISSUE	RF	08.05.22
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	Q	DRAWING NO.	REV. B
MFG. APPR.	Q	D3688	SHEET 1 OF 4
APPROVED	Q	TITLE	SCALE
DE APPR.	Q	STUD	NTS
DATE	08.11.24	COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



LIQUID PENETRANT TEST REPORT

P- 14945

CLIENT	<u>DAIT AEROSPACE</u>	DATE	<u>AUG-10-2009</u>	PAGE	<u>1</u>	OF	<u>1</u>
ATTENTION	<u>LINDA CHANTAL</u>	ACUREN JOB NO.	<u>188-09-001484</u>	TIME	<u>AM</u>	<input checked="" type="checkbox"/>	PM <input type="checkbox"/>
ADDRESS	<u>1270 ABERDEEN ST.</u>	PO/NO.	<u>10194</u>				
	<u>HAWKESBURY ON. K6H-1K7</u>	WORK LOCATION	<u>HAWKESBURY</u>				
		ACCEPTANCE STD.	<u>ASME 1417</u>	REV./DATE	<u>2007</u>		
PROJECT	<u>F.P.I. ON MACHINED PARTS - AND CROSS TUBES</u>						
ITEM(S) EXAMINED	<u>44 STUDS. 20 RAPPES</u> <u>7 CROSS TUBES. + 12 STUDS.</u>						

JOB DESCRIPTION	PROCEDURE NO.	LT-0002	REV./DATE	TECHNIQUE NO.	LT-0002	REV./DATE
PART NO.	MATERIAL		STAINLESS STEEL		THICKNESS	<u>ALUMINUM</u>
SCOPE	<u>WET FLOWESCENT LIQUID PENETRANT INSPECTION</u> <u>CARRIED OUT 100% EXTERNAL</u>					

TEST DETAILS	
METHOD	<input checked="" type="checkbox"/> FLUORESCENT <input type="checkbox"/> VISIBLE
FAMILY BRAND	<u>MAGNAFLUX</u>
PENETRANT	<u>2L 67</u> MINIMUM DWELL TIME <u>45</u> MIN.
PENETRANT REMOVER	<u>H2O</u> MINIMUM DRY TIME <u>>10</u> MIN.
DEVELOPER	<u>SKD 52</u> MINIMUM DWELL TIME <u>10</u> MIN.
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON AQUEOUS <input type="checkbox"/> AQUEOUS <input type="checkbox"/> DRY
OTHER <u>LABING</u>	
CAL DUE DATE <u>DEC. 8 - 2009</u>	

TEST SURFACE	
SURFACE CONDITION	<input type="checkbox"/> AS GROUND <input type="checkbox"/> AS WELDED <input type="checkbox"/> MACHINED <input type="checkbox"/> SHOT BLASTED <input type="checkbox"/> CLEAN BARE METAL
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/ 20°F <input type="checkbox"/> -4°C/ 20°F TO 10°C/ 50°F <input type="checkbox"/> 10°C/ 50°F TO 52°C/ 125°F <input type="checkbox"/> > 52°C/ 125°F

RESULTS- (<input type="checkbox"/> METRIC <input type="checkbox"/> IMPERIAL)		
CGSB LEVEL	ACCEPT	REJECT
14 PCS STUDS - W.O. 509 33	✓	
20 PCS STUDS - W.O. 507 21	✓	24 X 10
12 PCS STUDS - W.O. 509 32	✓	
10 PCS RAPPAL - W.O. 509 67	✓	
10 PCS RAPPAL - W.O. 509 68	✓	5 X 15
1 CROSS TUBE - W.O. 510 83	✓	
1 CROSS TUBE - W.O. 510 84	✓	
1 CROSS TUBE - W.O. 510 85	✓	
1 CROSS TUBE - W.O. 508 73	✓	
1 CROSS TUBE - W.O. 508 27	✓	
1 CROSS TUBE - W.O. 508 00	✓	
1 CROSS TUBE - W.O. 508 26	✓	
<u>MM 090811</u> <u>TO BUFF AND EXAMINE - INDICATION</u> <u>TO BUFF AND EXAMINE - INDICATIONS</u> <u>6 ITEMS TO EXAMINE AFTER BUFFING</u> <u>OTHER PCS FOUND ACCEPTABLE TO STANDARD</u>		

Scope of Services
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care
In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES					
CLIENT REPRESENTATIVE	<u>CHANTAL LAUDIE</u>	SIGNATURE	<u>CHANTAL LAUDIE</u>	DTR #	<u>E-20068</u>
TECHNICIAN (SIGNATURE):	<u>Mike GUSTAW</u>	NAME	<u>Mike GUSTAW</u>	INITIALS	
NAME (PRINT):	<u>Mike GUSTAW</u>	1 ST TECHNICIAN	<u>Mike GUSTAW</u>	2 ND TECHNICIAN	
CGSB LEVEL	<u>II</u>	SNT LEVEL		CGSB LEVEL	
CGSB REG. No	<u>6066</u>	CGSB REG. No		CGSB REG. No	